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ABSTRACT

Examples of interesting experiences which have occurred in smoking education programs throughout the country are presented in condensed form to encourage active participation by educators in such programs. These experiences, together with guidelines for creating similar programs, are drawn from a four-year Leadership Development Project on smoking and health education funded by the National Clearinghouse for Smoking and Health and conducted by the American Association for Health, Physical Education and Recreation (AAHPER). The purpose of the project was to develop leadership opportunities at every level of education for individuals responsible for school health programs, to stimulate a higher degree of interdisciplinary and interagency cooperation in the implementation of programs in smoking and health education, and to initiate new programs and improve existing programs in smoking education in schools. Related activities or approaches are enumerated and grouped by chapters: Making a Personal Commitment; Where AAHPER Stands on Smoking and Health; Teacher Training; Organizing a State or Local Conference; Programs Involving Youth in Decision-Making; Getting Commitments From Others; Innovative Programs and New Ideas; Using Local Media to Add Impact; and Where to Turn for Additional Resources. (BL)

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What Educators Can Do About Cigarette Smoking

An American Association for Health, Physical Education and Recreation Guide for Leaders in Smoking and Health Education

SE 013 448

What Educators Can Do About Cigarette Smoking

An American Association for Health, Physical Education and Recreation Guide for Leaders in Smoking and Health Education

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preface

The facts on cigarette smoking are in. A great deal of evidence involving clinical observation, physiological study, and statistical analyses substantiate the health hazards. Medical authorities the world over have accepted the evidence and are taking action. There should be no question in anyone's mind that smoking causes premature death and disease and that diseases related to cigarette smoking adversely affect the health of millions of Americans, young and old.

Simply stated, smoking represents one of the Nation's most critical health problems, but one that *can be prevented.*

The only valid question is: what responsibility are you, as a professional in education, willing to personally accept?

Clearly, many educators are activists in smoking education. School systems are accepting responsibility in great numbers. Local and national professional associations are committed to solving this health problem.

Much of today's concern for the problem and many of the current school programs in smoking education have resulted from a four-year leadership development project on smoking and health education funded by the National Clearinghouse for Smoking and Health (H.S.M.H.A.) and conducted by the American Association for Health, Physical Education and Recreation.

This government/association partnership was initiated in mid-1966 to develop leadership opportunities at every level of education for individuals responsible for school health programs, to stimulate a higher degree of interdisciplinary and interagency cooperation in the implementation of programs in smoking and health education, and to initiate new programs and improve existing programs in smoking education in schools.

Essentially, AAHPER served as a catalyst. Credit for the project goes directly to the thousands of individuals who responded to the challenge of improving smoking education.

In essence, the AAHPER project asked educators to become leaders in developing programs . . . asked educators to look at children differently; to look at classrooms differently; to look at themselves in a new light.

The mere fact that so many were willing to accept the challenge—to face up to the possibility of expanding their responsibilities—speaks well for educators. *In truth, few AAHPER projects have ever sustained such broad and intensive support at all levels of education.*

The project has moved smoking and health education a giant step forward. The ultimate outcome, however, will be measured by how effectively and creatively individual educators continue to function as leaders.

The purpose of this booklet is to encourage your active participation in smoking education programs by providing, in condensed form, examples of the most interesting experiences that occurred during the AAHPER Leadership Development Project and guidelines for creating similar programs. We genuinely hope this information serves as a stimulus . . . rouses your mind and spirit to get involved and stay involved.

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making a personal commitment

In most booklets for educators, there is little need to delve into personal behavior and attitudes about the subject matter at hand.

However, in more than four years of leadership development and program activities regarding smoking, one fact stands out. One simply cannot avoid the necessity for stressing personal commitment and emphasizing the exemplar role every educator plays.

Your personal chances of being effective as a leader in smoking education are greatest if you do not smoke. It immediately makes you a better exemplar.

If you *do* smoke, don't throw the booklet away. You are still needed. But you are going to have to face up to some facts and make decisions you have probably been avoiding.

Like all individuals, your personal attitudes about smoking—your own behavior—have been influenced by your particular environment. There is no single reason why you do smoke or do not smoke. There is also no single reason why a person who smokes will give it up. *This much we know.*

In smoking education, it is important to have facts about the hazards of smoking and these are abundantly available. But it is equally important to know how you truthfully stand on this vital health issue; what your own personal attitudes and feelings are about smoking. It is essential that your behavior honestly reflect your convictions.

While it is clear that educators are not the only adult influences affecting the behavior of the young, certainly they and other people who work with youth do play important parts in a young person's decision to smoke or not to smoke.

Studies of youthful smokers indicate that many are influenced by parents' smoking habits and by the behavior of peers and siblings. Existence of a smoking environment at home, for example, makes it more difficult for a young person to resist the pressures to smoke from outside the home. School is a part of a young person's total environment and is, therefore, an important influence.

The effect of environment—the role of the exemplar—was a constant and dramatic topic of discussion throughout the life of the AAHPER Leadership Development Project.

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where AAHPER stands on smoking and health

Schools should accept responsibility for providing smoking education programs and practices consistent with current information. Teachers—and all other school personnel who share in the education of children and youth—also have a role in educating about smoking and health.

This is the essence of AAHPER's position statement on smoking education and it is further reinforced by a recommendation that all schools take appropriate steps to establish policies and practices consistent with current information on the hazards of cigarette smoking, including these nine points:

1. Assuming responsibility for curriculum experiences in smoking education which are timely and stimulating and provide accurate content, as an integral part of the ongoing, unified health instruction program, kindergarten through the twelfth grade.
2. Providing appropriate in-service training opportunities for school personnel, classroom instructional resources, and supervision and consultative services to teachers.
3. Maintaining a physical and emotional school atmosphere that positively reinforces the objectives of the ongoing health instructional program.
4. Encouraging staff and adult visitors to the school to realize the exemplar role they play and the importance of compliance with smoking rules and regulations.
5. Recognizing that parent example, pupil-peer relationships, and other community influences are important in the development of desirable health behavior.
6. Utilizing classroom situations as well as learning experiences in other curricular and extracurricular activities to reinforce the educational process.
7. Emphasizing the exemplar role of all school faculty and staff in relation to smoking on school property.
8. Adopting "no smoking policies" for all groups utilizing school facilities.
9. Abolishing student and faculty smoking facilities.

If quality education about smoking and health is to become a reality, it is imperative that it be an outgrowth of the educational experience at

the primary level. The effectiveness of later educational efforts related to smoking behavior in large measure will depend upon the nature as well as the quality of the primary school health program.

Young people continually criticized programs and admonished adults (teachers, parents, older brothers and sisters) by stressing the double standard:

- Adults set rules, but they will not set rules which restrict or inhibit their own behavior.
- Ethically, adults should set the example by not smoking where young people are not allowed to smoke; by *not* smoking if young people should not smoke.
- School administrators particularly should begin to deal with the problem caused when educators teach about the health hazards of smoking while simultaneously the behavior is condoned (possibly encouraged) by providing a place in the school for smoking.

These are all legitimate criticisms. Yet the fact remains that teachers and school administrators, like other adults, are human. If a teacher smokes, he may find it very difficult to give it up even in order to set a good example. A school administrator concerned with infringement on his own personal freedoms might consider restrictions on smoking an infringement on others' freedom.

Assuming a leadership role in smoking education demands that an educator accept responsibility for smoking education, recognize his role of exemplar and "health model," and make an individual decision about smoking behavior based on strong, personal convictions.

That's the challenge.

teacher training

Obviously if teachers and other school personnel are to take activistic roles in smoking and health education, a primary element in leadership development must be teacher training.

There is need to include education about smoking and health into the professional preparation of teachers, as well as developing in-service training programs that help improve competencies for teaching smoking and health. To improve the role of school personnel as exemplars, there is a need, too, to provide meaningful assistance to those individuals who want to stop smoking.

The time is right.

In the few studies that have been done, it is evident that teachers overwhelmingly have an unfavorable attitude toward smoking, even those who smoke. Unfortunately, of those teachers who are involved in smoking education, only a small percentage feel adequately prepared to teach about cigarette smoking.

Teacher workshops have served—and should continue to serve—as a critical stimulus in leadership development. They have been a source for new leaders and new ideas in approaching smoking education.

Universities are being encouraged to offer teacher preparation in smoking, to create credit courses in smoking education, and to conduct teacher workshops. In some cases, smoking education programs are also tied in with student major clubs.

Many of the teacher workshops conducted during the AAHPER Project were for credit. In many instances, scholarships were provided for teachers who attended.

Reports on successful workshops provide some indication of the basic format that was followed.

A typical workshop generally covered: the physiological and behavioral aspects of smoking; presentations of resources by local and regional voluntary health agencies and state departments of health; and discussions of methods and materials for classroom teaching techniques.

Generally, one to three week workshops were designed to give teachers the facts on the hazards of smoking, help them become aware of current resource material, and equip them to understand and cope with the behavioral factors in smoking. There were, of course, many innovations on the basic format:

- Exploring creative approaches to teaching procedures on drugs, alcohol, smoking and sex education; considering smoking in relation to the total health of individuals.

- Ethnic workshops on the teachers responsibilities and how to approach special ethnic situations.
- Combining lectures, groups discussions and specific work assignments.
- Concentrating exclusively on methods of teaching and materials for implementation.
- Incorporating experiments which demonstrate the hazards of smoking on performance and endurance; lung capacity tests for smokers and non-smokers; temperature fluctuations as smoker inhaled.
- Creating curriculum guides for use throughout a state or in test areas.
- Focusing on the problems of youth.
- Dealing exclusively with the role of exemplar.
- Emphasizing the role of all school personnel--teachers, principal, nurse, guidance counselors, lunchroom and transportation personnel, school secretary, custodians and students—in solving the smoking problem.

In-service education opportunities offer the potential to rapidly spread knowledge on smoking hazards and on effective teaching technique. One proposed program offered a series of in-service training programs for elementary classroom teachers from selected schools throughout the state. The individual teachers attending these sessions were then to be responsible for conducting shorter in-service meetings with the teachers in their home schools. Another in-service program was designed to be conducted a week before school sessions began. In one state, mini courses in teacher preparation were planned with traveling teams conducting courses.

The growing number of teacher workshops in smoking education, as well as time devoted to the subject in other health related workshops, is encouraging. More needs to be accomplished and particular attention needs to be paid in following up on workshops and in-service training. To effectively improve techniques in teaching educators about smoking, we must discover and document results of the programs now being carried out.

organizing a state or local conference

To appreciate the impact of the AAHPER Leadership Development Project in Smoking and Health Education means realizing how so many educators have been touched by the program.

The project called for establishing a national advisory committee, conducting a national conference, and training state leaders through six district conferences. Educators reached through these steps then assumed the responsibilities for setting up state leadership committees and initiating programs.

A total of 216 conferences were held. These were attended by more than 30,000 individuals. Every state participated in the District Conferences. Nineteen held statewide conferences. Others developed special interest conferences and programs.

Qne of the key factors contributing to the overall success was unquestionably the fact that participants consisted of many disciplines in education. Conferences involved teachers of language arts, social studies, home economics, science, health, and physical education teachers. Superintendents, administrators, guidance counselors, librarians, school nurses, pupil service personnel and coaches attended. Many of the conferences also included private physicians, nurses, dentists, voluntary health agency personnel, students, college professors, psychologists, clergymen, PTA representatives, and civic leaders.

Not all conferences covered such a broad spectrum of disciplines. Some states considered principals the key target group. Or school board members. Or opinion leaders in communities. Programs which restricted attendance to only one or two types of individuals generally did not report as significant a follow-through as those involving multiple disciplines.

The following guideline was used to initiate state conferences and should prove appropriate for "thinking out" other types of action programs.

1. An interested individual who is willing to work, contacts two or three other similarly inclined individuals to discuss the possibilities of doing something concrete about the problem of smoking among the school-age population in their state. The group should discuss the desirability of a State or Local Conference on Smoking and Health with particular concern for the values that such an activity would have for the children, youths, teachers, and adults of the State.

2. The group approves a list of "key" personnel to be invited to act as a Planning Committee for the conference on smoking and health education. Representation should come from the following:
   a. Supervisor of Health Education—State, County, etc.
   b. Department of Education—State or County Superintendents
   c. Supervisor or Director of Secondary Education
   d. Supervisor or Director of Elementary Education
   e. State Athletic Association
   f. University Chairmen of Health and Physical Education
   g. Director of Public Health Education
   h. Public Health Department Nurses
   i. School Health Nurses
   j. Executive Secretary or State President of PTA or Health Chairman
   k. President of State Association for Health, Physical Education and Recreation
   l. College Association for Health, Physical Education and Recreation—President
   m. American Heart Association, Tuberculosis and Respiratory Disease Association, and American Cancer Society—Representatives
   n. Secondary School Principals
   o. Elementary School Principals
   p. Medical and Dental Society Representatives; Other Professionals
   q. Industry and Civic Clubs, As Appropriate
3. Planning Committee agenda should include the following items:
   a. Objectives for the Conference
   b. Length, Dates & Site for Conference
   c. Director for Conference
   d. Program Format
   e. Suggestions for Speakers and Consultants
   f. Evaluative Procedures
   g. Materials for Distribution
   h. Follow-Up Procedures
   i. Budget

Among state conferences held during the AAHPER Project, actual program content varied as is evident from this review. That was the intent. Conferences served essentially to develop models for educational involvement in solving smoking problems. Leaders were encouraged to be innovative in program development.

- A program conducted in conjunction with PTA Leadership Conference was videotaped and later broadcast on educational channels throughout the state. Guidelines for developing local programs were provided to those in attendance.
- One conference was aimed at getting young people to analyze the pressures to smoke.
- One state attempted to reach influential individuals and community opinion leaders in an effort to obtain funds for conducting local smoking education programs.

- A "Rap Session" with students seeking more effective approaches to smoking education turned into a lengthy discussion of the weaknesses of an informational approach.
- A conference on a variety of risk-taking health problems included smoking, drugs, nutrition, alcohol.
- At many conferences, the major activity was to view and review movies, slide presentations, audio tapes and other materials available for smoking education in order to select the best possible material to support smoking programs.
- The pressures of society which create tensions and influence a person to smoke became the theme for a conference.
- Some conferences were conducted to do preliminary work for later developing of state health guides.
- Conferences dealing with the legislative aspects of smoking and health education in the schools were conducted.
- A few conferences concentrated on reaching and involving a very limited but possibly influential audience, i.e., superintendents, principals, school and public nurses, and parents.
- During one conference, interviews were arranged on two TV stations with an individual who had quit smoking while appearing on TV and had influenced many others to quit during the experiment.
- As a result of planning meetings and with the aid of voluntary health agencies, a number of mailing packages were developed and material was distributed to principals, teachers, and supervisors.

programs involving youth in decision-making

The decision to smoke or not to smoke is a personal decision. Every young person will decide for himself. The degree to which educators are successful in stopping youth from starting to smoke (and getting those who do smoke to stop) will depend on how well schools prepare students to make their decisions.

In developing effective programs, educators need to recognize the particular importance of peer influence. This fact was recognized from the beginning of the AAHPER Project and student involvement was a central issue in practically every program.

Students were invited to participate in many of the state leadership development conferences and generally the sessions with students were the most lively and enthusiastic encounters. A number of states devoted their efforts exclusively to leadership development of youth with educators serving in advisory capacities.

Youth developed programs were truly *action* programs. Some of the adult sponsored programs never quite got beyond the planning stage. Where young people were involved, the programs were planned and carried out, often with tremendous energy and creativity.

The brief descriptions which follow highlight some of the ways youth assumed leadership. This is in no way a complete review of student programs but it should serve to reveal the great diversity of programs.

- High school students were invited to a leadership conference to present an anti-smoking play reflecting how teenagers view behavioral aspects of the smoking dilemma.
- In one state, a series of special conferences were held on university campuses just for college and high school students.
- As a follow-up to a state conference, one college initiated student-directed programs under which college student teams developed anti-smoking programs for elementary and secondary students. The students built a life-size model which actually smoked cigarettes. The students filtered smoke, and presentations were geared to explain what was being taken in by the lungs. Other similar programs were conducted using commercial smoking mannequins.
- Editorials and cartoons aimed at the smoking problem and the health hazards proved to be an effective communications technique in school newspapers.

- In many high schools, small groups were formed to meet in a series of student discussions. Generally 10 to 15 juniors or seniors met together to discuss the smoking problem and to develop a specific action program. In one school, one group conducted a survey of fellow students to determine how many smoked, how they started, and attitudes towards smoking. Another group developed visuals and a presentation for nearby elementary school students.
- A smoking and health workshop for youth was developed with planning responsibility assumed by voluntary, youth-serving agencies such as the Boys' Club, YMCA, Scouts, Catholic Youth Organization, and Young Men's Hebrew Association. The success of many student workshops was due to such a wide base of support.
- Students invited to attend regional state conferences were responsible for forming student leadership teams in their own and surrounding schools. Each team chairman was required to report activities and these reports appeared in a state-wide newsletter on student programs. The newsletter served to give the students credit and also became a source of information on other successful projects. Among the activities were posters depicting the dangers of smoking, bulletin boards devoted to articles and pamphlets on smoking, presentations by local physicians at assemblies and in home rooms, survey of parents regarding smoking, and posting of smoking articles in faculty lounges.
- Two-hundred seventh and eighth grade students in one state devised "Operation SMASH" (Students March Against Smoking Habits) which reached all 50 states. More than 2,000 letters were mailed by the group to other schools. Two letters were mailed to a school—one handwritten letter, from students to students, urging students to get involved and the other, from teacher to teacher, outlining the program and providing a teaching outline, a smoking and health test, and a letter form to be sent to government officials concerning legislation on cigarette advertising control.
- In many areas, creation of communication material such as posters, radio and TV ads, bumper stickers, logos and slogans, proved to be popular among all age groups of students. In general the materials were independent student activities that satirized advertising and glamorized nonsmokers. Commercials were read regularly over P.A. systems; posters and signs were displayed in the schools. Some such programs lead to city and state competitions.
- In one large high school, the school nurse conducted an experiment involving only smokers. Students desiring smoking information were invited to sign up, and weekly one-hour sessions were intentionally unstructured. Students were allowed to set their own pace and arrange to obtain the information they wanted. Outside speakers were invited in. Topics of conversation were developed by students. The group was not treated as "withdrawal" prospects, simply as individuals seeking information. In the end, students had developed teams to speak to fifth and sixth graders in other schools and many of the participants had given up smoking as a personal decision.

- In a number of states, representatives from junior high and high schools were given the responsibility for developing informational programs for elementary students. Medical and educational authorities were generally available on request. One such program originally created for the schools was so dynamic it became popular as a presentation for parents and civic clubs as well.
- One successful youth conference on smoking featured a well-known pro football player whose prime effort was in stressing that anything that is harmful to the body diminishes a person's chances of achieving maximum performance.
- At a youth planning meeting, participants chose "Light My Fire" as the theme for a conference and a local rock and roll singer agreed to open the conference with modern music, but with lyrics describing nonsmokers as "in". During the conference, "burn" sessions were held and students discussed ways to quit smoking, why people smoke, whether smoking should be allowed in schools, etc. In each discussion group, students decided to develop a poster on the ideas discussed.
- Junior high students in one area were invited to participate in a program on the student's role in helping adults to become better informed about smoking hazards.
- At a youth conference, one of the main speakers devised and conducted role-playing experiments with the teenagers in attendance on the problems of becoming adults. The experiments were designed to give students insight into the behavioral aspects of smoking.
- A display of materials, posters, letters, and stories written and developed by students was the highlight of one adult conference on smoking.
- A youth committee in one district was formed to discuss the smoking problem with fifth and sixth graders. The committee produced a 16 mm film on an emphysema victim and the work of a local doctor. The youth also developed a program suitable for elementary schools and presented it to 35 elementary schools in 4 weeks.
- State youth councils were formed in some areas as an ad hoc group to assist state leaders in working with youth groups.
- Students in some conferences created their own anti-smoking commercials. Some satirized popular cigarette advertising themes; others prepared factual and informational ads.

In reports on student programs, a number of principals and advisors reported diminishing discipline problems when programs were instituted. This was reflected particularly in high school programs where smokers were participating voluntarily in smoking projects.

Without question, these smoking and health programs have proved that young people can make responsible decisions about an important issue in their lives when they are given facts and guidance—and allowed to participate in the decision making process.

getting commitments from others

The AAHPER Leadership Development Project was an interdiscipline and interagency project. By plan, educators were to be the central organizing force, but the life of the project depended on reaching and involving a broad spectrum of the community.

Smoking is not exclusively a school problem. Nor is its solution.

State and local educational leaders are encouraged to work through other organizations allied to education and outside the educational environment. These efforts gain support for smoking and health education in the schools and stimulate additional programs beyond what the schools are doing and can do.

Interagency councils have been formed in many areas for the express purpose of opening lines of communications and creating liaison opportunities for all those individuals involved in smoking education.

- Parents need to be directly involved in smoking education because of the critical role they and other family members play as exemplars. The PTA is an existing organization which has taken a strong stand on smoking and has much to offer in reaching and involving parents. In some areas successful programs have been instituted through the PTA on a statewide and local basis.

  PTA can provide the stimulation necessary to initiate new smoking education programs and support those already underway. In instances where parent apathy is a problem, PTA groups must find new methods of reaching parents, even to the extent of taking the PTA to them if parents do not come to the meetings.
- There are growing numbers of anti-smoking programs being sponsored by groups outside of education. Hospitals, religious groups and voluntary health agencies are sponsoring group sessions, discussion programs, and educational meetings.

  Some hospitals have established "no smoking" policies; others regularly hold withdrawal clinics.

  Voluntary health agencies are independently and jointly sponsoring community programs which coordinate many of the smaller hit and miss projects. Voluntary health agencies with strong community ties can bring smoking programs to the attention of many community leaders through face to face confrontation. By cooperating, agencies can jointly affect favorable legislation for schools on the total health problem and bring about greater enforcement of legal restrictions on the sale of cigarettes.

- Educators involved with the smoking problem have effectively illustrated that concern can be spread. "Cough-Ins" have been taken to state education association meetings and to state legislators. Programs have been set up specifically to assist teachers to stop smoking and encourage exemplars such as coaches to stop. Leadership teams have been particularly successful in having smoking programs integrated into regular meetings of specialized groups within education, i.e., workshops for school nurses, coaches association conferences, and at state conventions and local meetings of professionals outside of education such as doctors, dentists, and psychologists.
- Programs by Boys' Clubs, Girl Scouts, YMCAs and other youth-serving groups are encouraged. Many of these organizations have held conferences following essentially the guidelines developed for state conferences (physiological and behavioral aspects of smoking; exhibits of materials) in an effort to train leaders for conducting similar programs locally. Activities should be further encouraged by youth-serving groups particularly since groups such as Scouts, 4-H, Future Farmers, Boys State, and Student Councils offer ideal organizational structures for carrying out programs.
- Civic groups such as Rotary Clubs and Lions Clubs, are being solicited in some areas to become sponsors for school activities in smoking and health.

innovative programs; new ideas

Although it is impossible to report on every activity which has taken place as a result of the AAHPER Project, a number of the programs which have been conducted or planned should be of interest to those involved in leadership development.

Brief descriptions are provided here—not as an all-inclusive listing nor necessarily as examples of successful programs. Perhaps they will generate additional ideas.

- Open-end films can serve as the basis for meetings involving students, school personnel, or parents with discussions and development of action program to follow.
- Mobile exhibits sponsored by an interagency council or by a voluntary health agency can be employed to systematically cover schools in a given area. Equipped with posters, leaflets, models, smoking machines and films, it can effectively be used in shopping centers to reach the general public as well.
- Some states are using the anniversary of the Surgeon General's report to conduct an intensive anti-smoking campaign. Each year the date can officially be declared Smoking and Health Week and efforts can be concentrated on obtaining widespread support throughout communities.
- In one state, a special withdrawal clinic was held in the Capitol building especially for legislators. The program received widespread publicity and was a dramatic way to draw the attention of all legislators to health legislation.
- Working through state health departments and voluntary health agencies, special exhibits have been prepared for state and county fairs.
- One major state project involved the surveying of educators on their knowledge, behavior and attitudes regarding cigarette smoking. One survey was conducted statewide and another comparative study was done in one district. The statewide survey determined the percentage of smokers (15%), nonsmokers (65%), and former smokers (20%). It also determined that among those who did smoke, 76% planned or wished to quit. Thirty-eight percent of those surveyed taught about smoking, but only 11% of those who taught felt adequately prepared.

  The survey was useful for the valuable information which was collected, but it served other important functions as well—(1) the

survey illustrated the concern of the school system regarding smoking and (2) in answering the questions, educators had to think about their smoking behavior and recognize a certain responsibility. The survey was certainly a most effective technique of reaching educators, and it may well be a valuable method for reaching other select groups including parents.

- A comprehensive approach to change smoking behavior was undertaken on a college campus. The president of the college approved the program and all deans agreed to participate.
  The purpose was to involve all the disciplines plus students in a "retreat" problem-solving session. The program was designed to convince every participant that he had a role to play in changing behaviors and to give methods for participation. The president of the college addressed the group on the importance of the retreat. Small discussion groups looked at procedures to implement programs on campus. Supervised follow-up activities were planned for both faculty and students.
- Some leadership development teams are working to develop local support groups for any organizations involved in smoking and health. Support would be available for (1) resource personnel, (2) model teams of youth and teachers, and (3) a speakers bureau to include medical personnel and other experts on various phases of smoking.
- Other teams are providing services by preparing local resource guides and keeping these updated.
  Preparation involves working through voluntary agencies, state health departments, and professional associations regarding films, literature, etc. on smoking. Resource guides are invaluable tools in generating interest in smoking education. Often the availability of a single film or set of posters gives a teacher the basis for a new classroom experience.
- Smoking withdrawal clinics can be offered to university students enrolled in the basic health requirement or in teacher preparation courses. Having students change smoking behavior before they become teachers prepares them for their roles as exemplars.
- A number of leadership groups are developing "model" programs for one or two schools and carefully monitoring classroom programs before they are instituted on a wider basis. This provides an excellent way to test curriculum guides and teaching aids. Some states will have model programs in selected elementary, junior and senior high schools as well as in schools of a special ethnic nature. In some cases, model programs are on smoking exclusively while others are concerned with developing models on total health.
- Some schools are planning and conducting withdrawal clinics and cessation activities for students.
- Education leaders are working with voluntary health agency personnel in some areas to create classroom teaching aids designed specifically for their schools.
- Concentrated efforts of contacting legislators to obtain tax dollars for health education are taking place in some states with smoking

education tied in with the drug problem and related health issues.

- In one area studies are being conducted with peer groups at the college and high school levels to develop new information for dealing with the smoking problem.
- Lab-type experiments showing the physiological aspects of smoking are planned for total community workshops involving church leaders, youths, parents and teachers.
- Some states are cooperating to conduct tri-state conferences.
- Health education consultants are being employed in greater numbers to work at state and local levels on smoking and related problems.
- The smoking and health program has been tied in with Governors' Physical Fitness Programs.
- More reference material on smoking for teachers and students is being made available in school libraries.

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using local media to add impact

Individuals involved in smoking education can extend the influence of their activities by assuming a public relations attitude when planning or conducting programs.

There have been numerous examples during the AAHPER Project of programs which gained much broader exposure because local media were used to reach beyond those individuals who actively participated in the program.

In one case, conference presentations were videotaped and became a series of lectures over the statewide educational network.

In other instances, newspaper editors and news personnel from radio and TV stations were invited to attend conference sessions and visit exhibits on smoking and health. Interviews with participants and speakers brought the smoking problem to the attention of the news audience.

To be newsworthy, an event need not be of national or even regional importance. Newspapers, magazines, radio stations and TV stations all use human interest features and local news items. A classroom experiment . . . winners in an anti-smoking poster contest . . . interviews with teachers involved in a withdrawal clinic can all be effective subject matter for news coverage.

Most public radio and TV stations have "talk shows" and experts in smoking education would make excellent guests. An inquiry to the producer outlining the subject matter to be discussed and why it is significant to the show's audience can yield such interviews.

In most areas, the school system maintains a public information office. Leaders in smoking education should, as a matter of course, alert responsible individuals to planned programs. Frequently trained public information specialists can help achieve broad exposure for programs within the profession and beyond the profession.

Every planned program or activity should be evaluated by simply asking, "Is this activity of interest to anyone other than those who are directly involved?" If the answer is yes, it is generally easy to identify such audiences and create opportunities for added exposure. Where no avenue for exposure exists, you may want to consider including in your plan a media vehicle for relating news to other people. Many schools have instituted weekly newsletters for parents covering a broad range of

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news items on school activities. Booklets or easily reproduced guides can be developed which relate for parents what children are being taught about smoking at various grade levels and provide special instruction for parents on how they can reinforce these lessons in the home environment.

In many respects, the use of existing channels of communications and the creation of new media hold the greatest hope for smoking education as well as many other areas of education. The professional public relations axiom—"Do good . . . and tell about it"—applies. How effectively it can be done may well be the measure of success for the entire smoking education effort.

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where to turn

There is an abundance of literature, films and other aids available from voluntary, government, educational, business, and professional organizations both at the national level and from state and local sources. In fact, new material is becoming available so rapidly it is almost impossible to maintain a current compendium of data.

Leaders in smoking education at the state level are being encouraged to function as a clearinghouse for smoking information and many have developed state compendiums of smoking and health resource materials. In some instances, material has been further identified by grade level. Some states have also set up speakers bureaus and can provide names of local individuals who are experts in particular aspects of smoking.

In searching out resource materials and speakers to improve local programs, assistance should be sought first at local and state levels. The initial contact with an organization should be a request for a current listing of publications on smoking and other instructional aids. These lists will provide a general guide to what is available and the cost, if any. Material can then be ordered by title and/or number which will greatly facilitate prompt mailing. All materials from outside sources should be carefully evaluated in relation to the health approach in your area.

For resource material at the local level, it is recommended that individuals contact:

State and Local Interagency Councils on Smoking and Health
State and Local Departments of Public Instruction
State and Local Departments of Health
State and Local Health Agencies
    Cancer Society
    Heart Association
    TB and Respiratory Disease Association
State and Local Medical Associations
State and Local Dental Associations
State and Local PTAs
State HPER Associations

Information on the availability of speakers can also be requested from these organizations.

You may also find it useful to contact the following organizations nationally:

Professional & Educational Associations

American Association for Health,
  Physical Education and Recreation *
1201 16th Street, N. W.
Washington, D. C. 20036

* Has published and distributed more than 10,000 copies of *A Compendium of Smoking and Health Resource Materials.*

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

American Pharmaceutical Association
2215 Constitution Avenue, N. W.
Washington, D. C. 20037

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Government Agencies

Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20401

National Clearinghouse for Smoking and Health
Health Services and Mental Health Administration
The Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852

U. S. Children's Bureau
Department of Health, Education and Welfare
Washington, D. C. 20211

National Medical Audiovisual Center
Health Services and Mental Health Administration
Chamblee, Georgia 30005

Others

National Educational Television
Indiana University
A-V Center
Bloomington, Indiana 47401

Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

Narcotics Education, Inc.
Box 4390
6830 Laurel Street, N. W.
Washington, D. C. 20012

The Public Affairs Committee, Inc.
381 Park Avenue South
New York, New York 10016

The Reader's Digest
Reprint Editor
Pleasantville, New York 10570

American Association for Health, Physical Education and Recreation
A National Affiliate of the
National Education Association
1201 Sixteenth Street, N.W.
Washington, D. C. 20036